

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041310

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 340Primary Registration District No. 3075Registrar's No. 157

FILED OCT 19 1962

1. PLACE OF DEATH

a. COUNTY

Stoddardb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Dexter

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTYc. CITY
OR
TOWN Bloomfield

Inside Limits

Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Comeau Conv. Manor

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Elias Jonce Williams4. DATE
OF
DEATH

Month

Day

Year

Sept 28, 1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10-6-1870

9. AGE (last birthday)

91

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)Retired Attorney & Merchant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

McKenzie, Tenn.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Henry Williams

13b. MOTHER'S MAIDEN NAME

Mary E. Goldsby

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No.

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Irma Ross, Bloomfield, Missouri18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congestive Heart FailureINTERVAL BETWEEN
ONSET AND DEATH3 daysConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Chronic glomerulonephritis2 years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

9/25/62

to

9/28/62

and last saw her alive on

9/28/62

Death occurred at

1:05 a.m.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Stoddard MD

22b. ADDRESS

Dexter, Missouri

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)Removal

23b. DATE

9/28/62

23c. NAME OF CEMETERY OR CREMATORY

Bloomfield cemetery

23d. LOCATION (City, town, or county)

Bloomfield, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Chiles Und. Co., Bloomfield, Mo.

25. DATE RECD. BY LOCAL REG.

10-8-62

26. REGISTRAR'S SIGNATURE

Velma V. Perkins

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

James
Bloomfield

James
Bloomfield

Sept 28, 1905

James

James

James

19

10-6-1870

x

James

James

1905

James, Bloomfield

James, Bloomfield

James

James, Bloomfield

James, Bloomfield

James, Bloomfield, James, Bloomfield, James, Bloomfield

James

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James E. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

James, Bloomfield

James, Bloomfield

Sept 28, 1905

James

James, Bloomfield, James, Bloomfield, James, Bloomfield